

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90294 005 ***150.00

DOCUMENT # P98000076517

1. Entity Name
EXQUISITE TIMEPIECES, INC.

Principal Place of Business

4380 GULFSHORE BLVD
STE 800
NAPLES FL 34103
US

Mailing Address

4380 GULFSHORE BLVD
STE 800
NAPLES FL 34103
US

2. Principal Place of Business

4380 Gulfshore Bl. N.
Suite, Apt. #, etc.
800

3. Mailing Address

4380 Gulfshore Bl N.
Suite, Apt. #, etc.
800

City & State
Naples FL

City & State
Naples FL

4. FEI Number 59-3529528

Applied For
Not Applicable

Zip 34103 Country US

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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, TIMOTHY L
27220 RIVER ROYALE CT.
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for RICHARDSON, TIMOTHY L.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE: Tim Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)